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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control numbe Complete if Known Effective on 12/08/2004. 10/533,596-Conf. #4569 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number **FEE TRANSMITTAL** June 26, 2006 Filing Date Gary S. Falwell First Named Inventor For FY 2009 **Examiner Name** Jaymi E. Della Applicant claims small entity status. See 37 CFR 1.27 3739 Art Unit B1075.70032US00 TOTAL AMOUNT OF PAYMENT 810.00 (\$) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check x Credit Card Money Order None Other (please identify): Deposit Account Name: Wolf, Greenfield & Sacks, P.C. Deposit Account Deposit Account Number:_ 23/2825 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Utility 330 540 270 220 110 165 50 70 Design 220 110 100 140 330 170 Plant 220 110 165 85 270 Reissue 330 165 540 650 325 Provisional 220 110 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims Total Claims** Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims - 3 or HP = _____ X ____ = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) _____ /50 = _____ (round **up** to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00 SUBMITTED BY Registration No. /Melissa A. Beede/ 54,986 617.646.8000 Signature Telephone (Attorney/Agent) May 17, 2010 Name (Print/Type) Melissa A. Beede

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(a)(4).

Dated: May 17, 2010 Electronic Signature for Heather A. McLennand: /Heather A. McLennand/